

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11					/		61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18					/		68						
19					/		69						
20					/		70						
21					/		71						
22					/		72						
23					/		73						
24					/		74						
25					/		75						
26					/		76						
27					/		77						
28					/		78						
29					/		79						
30					/		80						
31					/		81						
32					/		82						
33					/		83						
34					/		84						
35					/		85						
36					/		86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					2		TOTAL IND.						
TOTAL DEP.					18		TOTAL DEP.						
TOTAL CLAIMS					20		TOTAL CLAIMS						